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for nurses, and one that would be most interesting and rich in possibilities and opportunities, especially for the older nurses. I hope the nurses who are engaged in the work in Boston will favor us with an article in the near future.

Illinois.

A. A. N.

[In the May number of the JOURNAL Miss Foley will devote the pages of the Visiting Nurse Department to a survey of the work being done in this line in various places, and in the same issue we shall publish, if possible, a paper on "What One Association is Doing for its Mothers," by Francina Freese, of the Caroline Rest, Hartsdale, N. Y.—Ed.]

TUBERCULOSIS NURSING

DEAR EDITOR: I should very much like a few opinions from various nurses as to why so many of them object to doing tuberculosis nursing. During the past few months we have had occasion to send to various registries both here and in New York for nurses, and they ask whether there is any danger of getting infected and other ridiculous questions of the same import. It is true that caring for tuberculosis patients has its disagreeable side, but how many nurses object to cases of cancer or venereal disease which are found in other hospitals? I have been doing tuberculosis nursing for over a year and am sure that caring for these patients in open wards and shacks, with plenty of fresh air and sunshine, is far from being as dangerous as is caring for patients in comparatively closed wards, where there are generally patients who are more or less tubercular.

Connecticut.

E. F. G.

SOME OLD-TIME METHODS

DEAR EDITOR: I have just come from an obstetrical case where the physician was a man well along in years who has given up most of his practice, but my patient was one of his babies and he has watched her grow up. He was like her father, patient and encouraging! He was not very clean and looked shocked when he was about to tie the baby's cord and I offered him my sterile cord ties. He shook his head and pulled two pieces of common twine from the button hole of his vest and used them. I was as shocked as he, but said nothing and took occasion to soak the string thoroughly with bichloride, 1-5000, when I bathed the baby, and then dried it thoroughly before powdering and putting on the dressing. The doctor made no calls after the confinement, but marvelled that the patient had no rise of temperature and wanted me to take another case for him.

New York.

F. L.

HOSPITAL GOSSIP

DEAR EDITOR: I picked up a helpful idea from a pupil-nurse the other day. Her class has just organized and, recognizing the evil of hospital gossip, they have chosen a novel way of trying to suppress it. A little piece of wood, the size of a visiting card, on which is written, "Gabby, don't gossip," is quietly slipped into the hand of any class member who is overheard talking unkindly or disrespectfully of another, especially of the officers of the institution.

Naturally, any one possessing it desires to rid herself of it as speedily as possible. At the monthly meeting each one is in honor bound to confess how often she has had it, and pays a penny fine for each visit of the little card. It seems to me this is a far-reaching bit of self government, carrying excellent opportunity for character development. These young students are enthusiastic over their secret bond and are sincerely trying to help make their school better for their having been in it.

New Jersey.

C. E.

SOME OF THE EXPERIENCES OF A PRIVATE NURSE

DEAR EDITOR: After reading a letter in this department last year, I smiled as I thought of the old saying: "Misery likes company," I would like to tell one of my experiences. A little boy, six years old, was suffering from scarlet fever and diphtheria. The child had been ill a week when I took the case and during that time had had no medicine, nourishment or no care of the mouth, nose or throat, except what the physician, a busy man with a large practice, had time to give on his daily calls. The child took milk, 4 to 6 ounces, every two or three hours. The medicine and other nursing care were given under difficulties.

The child was very delirious and for four nights I sat by his bed and performed the double duty of keeping him in bed and relieving him of the annoyance and torture of bed-bugs. The family consisted of the patient, his mother and myself, other members being absent on account of the contagion. Our living apartments consisted of the kitchen, bathroom, and bedroom occupied by the patient. As a member of the board of health called daily to remind me that I was in quarantine, and must not go out, I took my airing on the fire-escape. Can you imagine my feelings of horror when I returned from one of these refreshing outings and found that the mother had removed the night shirt from the little fellow and on the kitchen table, where we partook of all our meals, had turned the garment wrongside out and was carefully shaking and scanning the seams in search of bedbugs? After considerable talking I impressed her with the necessity of having the tablecloth washed, as the patient was in the stage of desquamation. On another occasion when I had left the patient's room for a moment, I returned to find the bed pan on the table, with not as much as a newspaper underneath. I managed to impress upon the mother the necessity of frequent use of hand solution, also the care of the mouth and throat; but the poor woman could not grasp situations and must be told each individual precaution. I was on this case six weeks and left in good health and I daresay with a nice accumulation of germs in my poor body.

A nurse, they say, should learn something new on each case. On this case I learned the important lesson of how to keep house for a family of three with four towels and one tablecloth.

Illinois.

M. P.

AROUND-THE-WORLD LETTERS

(Continuing a description of a visit to the Taj in India)

DEAR EDITOR: At 4.30 A.M. we were up, tea was brought to us, and at five we started out. We saw the natives at their various sunrise devotions—of prayers, baths, and cleaning their teeth with a stick fuzzed into a brush at the